

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB -7 PM 3: 05

DOCUMENT # 561314 (6)

1. Corporation Name

JACKSONVILLE CONTRACTING & LEASING, INC.

Principal Place of Business

6555 TRADE CENTER DRIVE
JACKSONVILLE FL 32205

Mailing Address

6555 TRADE CENTER DRIVE
JACKSONVILLE FL 32205

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 03/06/1978
3a. Date of Last Report 07/01/1994

4. FEI Number 59-1805757
Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

BOWATER, DANIEL J.
6555 TRADE CTR DR
JACKSONVILLE FL 32205

10. Name and Address of New Registered Agent

81 Name John F. Thomas
82 Street Address (P.O. Box Number is Not Acceptable) 6555 TRADE CTR DR
83
84 City JACKSONVILLE FL 85 Zip Code 32205

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

(Signature, typed or printed name of registered agent and title if applicable)

(Signature, typed or printed name of registered agent and title if applicable)

DATE

12. OFFICERS AND DIRECTORS

TITLE	C
NAME	DONNEBORG, JES
STREET ADDRESS	6555 TRADE CTR DR
CITY - ST - ZIP	JACKSONVILLE FL
TITLE	D
NAME	IPSEN, CLAUS
STREET ADDRESS	6555 TRADE CENTER DR.
CITY - ST - ZIP	JACKSONVILLE FL
TITLE	D
NAME	ROVER, EINOR Cimon Mollen
STREET ADDRESS	6555 TRADE CENTER DR
CITY - ST - ZIP	JACKSONVILLE FL
TITLE	VPC
NAME	THOMAS, JOHN F.
STREET ADDRESS	6555 TRADE CENTER DR
CITY - ST - ZIP	JACKSONVILLE FL
TITLE	D
NAME	LAUMTEN, JENS-OMLEV
STREET ADDRESS	6555 TRADE CENTER DRIVE
CITY - ST - ZIP	JACKSONVILLE FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☒ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	5505 SABLE RD
1.4 CITY - ST - ZIP	NORFOLK VA 23102
2.1 TITLE	☒ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☒ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☒ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☒ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

(Signature and typed or printed name of signing officer or director)

2-2-95

Date

801-466-7000

Signature of